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CONFIRMATION NO. 8562

<b>SERIAL NUMBER</b> 10/595,388	<b>FILING OR 371(c) DATE</b> 09/02/2008 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> 134-03	
<b>APPLICANTS</b> Paul Frederic Robbins, Potomac, MD; Steven Aaron Rosenberg, Potomac, MD; Cristina Maccalli, Milan, ITALY;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP2004/012087 10/15/2004 which claims benefit of 60/512,040 10/15/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/01/2009</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged Examiner's Signature _____ Initials _____					
<b>ADDRESS</b> 23713					
<b>TITLE</b> Colorectal Cancer Antigen					
<b>FILING FEE RECEIVED</b> 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		